

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068088

1. Entity Name

ISCONSULTANCY.COM INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90130 039 ***150.00

Principal Place of Business

421 MONROE AVE.
LEHIGH ACRES FL 33972

Mailing Address

421 MONROE AVE.
LEHIGH ACRES FL 33972

2. Principal Place of Business

3365 STONEBROOK DR

3. Mailing Address

3365 STONEBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLAIRSVILLE, GA

City & State

BLAIRSVILLE, GA

Zip

30512

Country

USA

Zip

30512

Country

USA

4. FEI Number

59-3592953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, ROBERT
23 CALBADO RD
LEHIGH ACRES FL 33770

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RENTFROW, ROBERT	
STREET ADDRESS	421 MONROE AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENTFROW, Robert	
STREET ADDRESS	3365 STONEBROOK DR	
CITY-ST-ZIP	BLAIRSVILLE, GA 30512	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. D. RENTFROW
R. D. RENTFROW

Date

04/25/01 706-835-1441

Daytime Phone #

CR2E034 (10/00)